



STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF MORTGAGE LENDING
1830 College Parkway, Suite 100
Carson City, NV 89706
(775) 684-7060 Fax (775) 684-7061
www.mld.nv.gov

APPLICATION FOR ESCROW AGENCY LICENSE
(Branch Office)

☐ Escrow Agency

☐ Construction Control Company

Mail to the Division of Mortgage Lending at the above address.

The undersigned hereby makes application to the Commissioner of the Division of Mortgage Lending for a branch license to engage in the escrow agency business.

1. Enclosed is our **\$100.00** non-refundable application fee for our Nevada branch office. (Make check payable to "Division of Mortgage Lending.")

2. Payment of annual assessments for CPA and AG costs incurred by the Division will be required prior to issuance of the license and following completion of the background investigation. The amount will vary from year to year. You may contact the Division for the current amount.

3. The name of the principal Escrow Agency office in Nevada:

4. The proposed location and telephone number of the Nevada branch office: _____

5. If the Escrow Agency branch maintains trust or escrow accounts separate from trust or escrow accounts maintained by the principal office, the expected average monthly balance of the trust account or escrow account maintained by the Escrow Agency branch pursuant to NRS 645A.160 for the first six months of operation of the branch is:

\$ _____

6. Contact person in relation to this Application for Escrow Agency License (Branch Office):

First Middle Last

Contact Person's Telephone No.: _____ Email address: _____

Contact Person's Fax No.: _____

Phone No. where the applicant may be reached: _____

Name(s) and Address(es) of Owner(s) of the Escrow Agency: _____

7. Taxpayer Identification No. (if different from principal): _____

8. The name and personal information of the person to be designated as Qualified Employee

I, the undersigned, state that I am authorized to sign the within Application for Escrow Agency License on behalf of the applicant named herein; that I have read and signed said Application for Escrow Agency License and know the contents thereof; and that the statements made therein are true. By signing below, I represent that I have personally have completed this Application for Escrow Agency License and verified the information contained herein.

APPLICANT'S SIGNATURE:

Name of Escrow Agency: _____

By: _____

Authorized Signatory (Owner)

Name (print or type)

Title

Date

Subscribed and sworn to before me this ____ day of _____, 20____

Notary public in and for the County of _____, State of _____

My commission expires _____

Notary Signature _____

Notary Seal

ESCROW AGENCY BRANCH APPLICATION

A branch license will not be issued until the principal Nevada office has been licensed for at least six months and an examination completed resulting in a "satisfactory" rating.

The surety bond or "instrument in lieu of bond" provided by the principal Nevada licensed office must include all licensed Escrow Agents for both the principal Nevada office and all Nevada branches.

The amount of the expected average monthly balance of the trust account or escrow account maintained by the Escrow Agency branch pursuant to NRS 645A.160 for the first six months of operation of the branch (Item No. 4) must be combined with the average monthly balance for the principal licensed office and all other licensed branches in determining the amount of bond or instrument which must be maintained. If the amount listed in Item No. 4 of the application plus the combined amount of all other Nevada-licensed locations' average monthly trust or escrow accounts equals an average monthly balance requiring a greater amount of surety bond pursuant to NRS 645A.041(4), a surety bond or substitute form of security for the increased amount must be submitted with the branch application.

If an Escrow Agent licensed for the principal Escrow Agency office or for another licensed branch of the Escrow Agency is being proposed to be an agent for the new branch for which the application is being submitted, that Escrow Agent's current license must be forwarded to the new branch office.



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CHILD SUPPORT STATEMENT

You are required to complete this Child Support Statement and return it with your application. **Failure to submit a fully completed and signed Child Support Statement will result in the application for licensing being denied.** (NRS 425.520)

Please check one box:

- ☐ I am not subject to a court order for the support of a child.
- ☐ I **am** subject to a court order for the support of one or more children and **am in compliance** with the order or I am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ☐ I **am** subject to a court order for the support of one or more children and **am not in compliance** with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Full Legal Name (printed)

Social Security Number

Signature of Applicant

Date



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PERSONAL HISTORY RECORD – ESCROW AGENCY
(Submit For Natural Persons)

This Personal History Record – Escrow Agency (Submit For Natural Persons) is to be completed by each natural person who owns a 25% or more interest in the company, each person who has the power to direct the management and policy of the company and each escrow agent. Please indicate the natural person for whom this form is being submitted:

- ☐ Person who owns a 25% or more interest in the company
☐ Person who has the power to direct the management and policy of the company
☐ Escrow agent

Print or type an answer to every question. If a question does not apply, please mark the section N/A for not applicable. If there is not enough space to answer the question sufficiently, continue on the Explanation Form and mark each answer with the corresponding number of the question. However, attachments are only permitted if additional space is needed. Do not misstate or omit any material fact(s). Such statements made herein are subject to verification. Incomplete applications will be returned.

Original or “wet” signatures are required on all Division documents. All pages must be submitted on 8 ½ x 11” paper. White-out and/or correction tape is/are not permitted.

Applicants are advised that this Personal History Record is an official document and misrepresentations or failure to disclose information requested may be deemed sufficient cause for the denial or revocation of a license.

Natural Person's Full Legal Name: _____
First Middle Last

Natural Person's Residence Address: _____
Address City State Zip

Residence Phone: _____ Business Phone: _____ Cell: _____

Gender: _____ Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Birthdate: _____ Birthplace: _____

Social Security No.: _____ Nevada Driver's License No.: _____
(submit copy)

or Other State Driver's License No.: _____ (submit copy)

Name and address of the company for which licensing affiliation is requested:

1. Residential Addresses For The Last 5 Years (beginning with the most recent). (If additional space is required, use the Explanation Form. All "gaps" in residential address information must be explained.)

From	To	Street	City	State	Zip
	Present				

Note: Attach separate sheet if additional space is needed.

Are you a citizen of the United States? Yes ____ No ____

If no, Registration No.: _____

If naturalized, Certificate No.: _____ Date: _____

If you are not a citizen of the United States, or if you are not naturalized, provide documentation evidencing your eligibility to work in the United States. (Submit copy of resident alien card.)

List of other names known by, such as maiden name, nickname, etc.: _____

2. Employment (If additional space is required, use the Explanation Form. All lapses of time must be explained.) Beginning with your current employment, list your work history, all businesses with which you have been involved and/or periods of unemployment for the **last 5 years**. List all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

From	To	Employer Name and Address	Job Title and Duties Performed
	Present		

Note: Attach separate sheet if additional space is needed.

3. Disclosure Items

You are required to provide an explanation for 'yes' answers to the questions below. Include the date, charge, agency, location, disposition and explanation, as applicable. Please complete the attached Explanation Form if additional space is needed.

**INACCURACIES OR OMISSIONS MAY RESULT IN DENIAL OR DELAY
IN PROCESSING YOUR APPLICATION**

- a. Have you **ever** been charged, arrested, convicted of, or pled guilty or nolo contendere ("no contest") to any felony or misdemeanor in any domestic, foreign or military court? You must include all convictions, whether sealed or expunged, as well as explanations related to charges which were dismissed, denied, withheld, pled down, or other action taken in your response.

☐ Yes ☐ No

- b. Have you **ever** had an administrative action taken by, or entered into any settlement agreement with, any federal, state or local governmental agency, whether in a civil or criminal matter?

☐ Yes ☐ No

- c. Have you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) **ever** had conditions placed upon a privileged or professional license or registration, or had a privileged or professional license or registration that was issued in the State of Nevada or any other state, district or territory of the United States or any foreign country denied, suspended or revoked by any local, state, federal or other regulatory entity?

☐ Yes ☐ No

- d. Have you within the past 10 years made a compromise with creditors, filed a personal bankruptcy petition or been the subject of a voluntary or involuntary bankruptcy petition for an organization while you exercised control over it or held an ownership interest (other than an ownership interest in a publicly-traded company) in it?

☐ Yes ☐ No

- e. Has a bonding company **ever** denied, paid out on, or revoked a bond for you or any company in _____ which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control?

☐ Yes ☐ No

- f. Do you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control have any unsatisfied judgments or liens?

☐ Yes ☐ No

- g. Do you have a relative that is or has been associated with the mortgage industry in any state? ("Relative" means a spouse or any other person related within the second degree by blood or marriage.)

☐ Yes ☐ No

- h. Have you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control had a civil or criminal record expunged or sealed by a court order?

☐ Yes ☐ No

- i. Have you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control been a party to any past or present civil litigation?

☐ Yes ☐ No

- j. Within the last 12 months, have you been past due on financial obligations which total more than \$3,000.00?

☐ Yes ☐ No

k. Are you subject to any pending regulatory action in the State of Nevada or any other state?

☐ Yes ☐ No

l. Are you subject to any pending actions that could result in a 'yes' answer to any of the above questions?

☐ Yes ☐ No

EXPLANATION FORM (Use this form for explanation and additional space needed to answer questions.) Copies of this page can be made if more space is needed.

Question Number	Explanation

BACKGROUND CHECK AUTHORIZATION, RELEASE AND AGREEMENT TO INDEMNIFY

By my signature below, I hereby give to the State of Nevada, its directors, officers, employees, agents and representatives (collectively, "the State"), my written consent to obtain credit reports and child support information on me and to conduct criminal history and background checks on me, pursuant to applicable law and/or as the Commissioner of the Division of Mortgage Lending ("the Division"), in his sole discretion, may from time to time deem necessary or appropriate. In connection with the criminal history and background checks on me, I understand that I am required, and agree, to provide to the Division a complete set of fingerprints which the Division will forward to the Department of Public Safety for processing and submission to the Federal Bureau of Investigation for its report.

I have filed with the Division an "application" under Chapter 645A, B, E or F of the Nevada Revised Statutes ("NRS") and regulations promulgated thereunder to be licensed or request for approval as a mortgage banker, mortgage broker, mortgage agent, loan modification consultant, foreclosure consultant, covered service provider, escrow agency, escrow agent, qualified employee or key officer/director/majority owner, as applicable. I understand that I am seeking the granting of a privilege and acknowledge that the burden of providing my qualifications for a favorable determination is at all times on me. I accept any risk of adverse public notice, embarrassment, criticism or other action or financial loss which may result from action with respect to this application.

I do, for myself, my spouse, heirs, executors, administrators, successors and assigns, hereby irrevocably and unconditionally release, remise and forever discharge the Commissioner of the Division, the Division, the State, its boards, divisions, departments, directors, officers, employees, agents, representatives, and all persons acting by, through, under or in concert with any of them, from and against any and all claims, causes of action, damages, demands, debts, judgments, liens, rights, suits, controversies, losses, costs and expenses (including, but not limited to, attorney's fees and costs) (collectively, "claims") of any nature whatsoever, whether known or unknown, suspected or unsuspected, fixed or contingent, in law or equity, which I ever had, now have, may have, or claim to have, arising out of, or in connection with, the within application.

I agree to indemnify and hold harmless the Commissioner of the Division, the Division, the State, its boards, divisions, departments, directors, officers, employees, agents, representatives, and all persons acting by, through, under or in concert with any of them, from and against all claims, damages, losses and expenses (including attorney's fees and costs) arising out of or in connection with the within application.

I, the undersigned, state that I am the person named in the within application; that I have read and signed the application, including the Personal History Record, and know the contents thereof, and that the statements made therein are true. By signing below, I represent that I have personally completed the application and all supporting documents that accompany it and I have read and agree to the above investigations into my credit history and child support information, and criminal history and background checks.

APPLICANT'S SIGNATURE:

Name of Escrow Agency: _____

By: _____
Authorized Signatory (Owner)

Name (print or type)

Title

Date

Subscribed and sworn to before me this ____ day of _____, 20____

Notary public in and for the County of _____, State of _____

My commission expires _____

Notary Signature _____

Notary Seal



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**APPLICATION FOR ESCROW AGENT LICENSE
AND CHECKLIST**

The undersigned hereby makes application to the Commissioner of the Division of Mortgage Lending for a license as an escrow agent.

1. Name of Applicant: _____
First Middle Last

2. Applicant's Address: _____
Street Address

City State Zip

3. Phone No.: _____ E-Mail: _____
(Mandatory)

4. Social Security No.: _____

5. Escrow Agency employing, or associating with, the applicant:

Address: _____
Street City State Zip

6. The length of time the applicant has worked in the escrow business: _____

7. A detailed description of the applicant's work experience in the escrow business:

8. Is the applicant a holder of an active real estate license issued pursuant to Chapter 645 of NRS?

- ☐ Yes
☐ No

9. Name of surety and bond number: _____

Pending: _____

10. Required Items - Checklist:

- ☐ Child Support Statement. (Pursuant to NRS 645A.025, required regardless of any support obligations.)
- ☐ Personal History Record (including an explanation of "Yes" answers) completed, signed and notarized.
- ☐ Personal Financial Questionnaire (including an explanation of "Yes" answers) completed, signed and notarized. NRS 645A.020(h).
- ☐ Proof that the applicant is named as a principal on the corporate surety bond deposited with the Commissioner by the Escrow Agency with which the applicant is associated or by whom the applicant is employed. NRS 645A.041. (Indicate if an amendment to the bond is pending.)
- ☐ Two fingerprint cards completed by the applicant. (Cards are available at local law enforcement agencies. Only Form FD-258 will be accepted.)
- ☐ Evidence of completion of 15 hours of approved courses of pre-licensing education. At least 10 of the 15 hours of pre-licensing education must be completed through live instruction. The 15 hours of pre-licensing education must include:
 - 3 hours of ethics, which must include instruction on fraud and consumer protection
 - 3 hours of federal law and regulations relating to escrow activities
 - 4 hours of Nevada law and regulations relating to escrow agents or escrow agencies, at least 2 hours of which must be related to NRS 645A and NAC 645A
 - 3 hours of instruction relating to the practical application of escrow processes or a specialized area of practice and
 - 2 hours of electives
- ☐ **\$100.00** non-refundable application fee. (Make check payable to "Division of Mortgage Lending.")
- ☐ Copy of Nevada driver's license.

I, the undersigned, state that I am the person named in the foregoing Application for Escrow Agent License; that I have read and signed said Application for Escrow Agent License and know the contents thereof; and that the statements made therein are true. By signing below, I represent that I have personally completed this Application for Escrow Agent License and verified the information contained herein.

Applicant's Signature: _____

Name (print or type)

Date: _____

Subscribed and sworn to before me the _____ day of _____, 20____

Notary public in and for the County of _____, State of _____

My commission expires _____

Notary Signature _____

Notary Seal